



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO2134

Work Order Type: Weatherization

Audit Name: 14014SO2134

CLIENT INFORMATION

Client Name:

Address:

Client ID: 14014SO2134

BEDFORD, TN 37160

Alt. Client ID: BEDFORD

AGENCY INFORMATION

Agency: SOUTH CENTRAL HUMAN RESOURCE AGENCY

Agency Phone: (931) 433-7182

Address: 1437 WINCHESTER HIGHWAY

Fax: (931) 438-0074

FAYETTEVILLE, TN 37334-2001

Email Address: e.satterfield@schra.us

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Client Name:

Client ID: 14014SO2134

Alt. Client ID: BEDFORD

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Report Run On: 5/28/2010

DOE Weatherization Assistant

Version 8.5.0

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Measures

Measure 1 General Air Sealing

Components

Inspected

☐

Comment 1. REHANG DUCT WORK / REPLACE MISSING INSULATION AROUND DUCT WORK / SEAL DUCT WORK / USE MASTIC AT REGISTERS AND RETURN - REGISTERS TO READ 1.0 OR LESS
2. W/S AND D/S BACK DOOR
3. REPLACE BROKEN PANES

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Supplies	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	LABOR	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:	<input type="text"/>	

Field Notes:

Measure 2 Fix Improper Venting (Clothes Dryer)

Components

Inspected

☐

Comment

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Metal Flex	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:	<input type="text"/>	

Field Notes:

Client Name:

Client ID: 14014SO2134

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Measure 3 Smoke Detector is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke / Carbon detector	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 Vapor Barrier Needed (Basement/Crawlspace)				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Basement / crawlspace vapor barrier	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Work Order Grand Total: Grand Total: